



# DISABILITY NOTES

SSA--Office of Disability Pub. No. 64-040 (No.22, SUMMER 1999)

## FROM THE ASSOCIATE COMMISSIONER:

The summer has been a period of heightened activity, tackling many of the Agency's initiatives and addressing concerns and suggestions from many of you. Our goal for the disability program continues to be to deliver the highest level of service, including making fair, consistent and timely decisions at all adjudicative levels.

In August, The Social Security Administration (SSA) issued The Hearings Process Improvement Initiative (SSA Pub. No. 01-016 available at [www.ssa.gov](http://www.ssa.gov)), a plan designed to make our hearings process more timely, efficient and customer focused. Commissioner Kenneth Apfel stated, "Successful implementation of this initiative is critical to our ability to provide timely, efficient and quality service to our customers." I support this major effort and will work with the Office of Hearings and Appeals to make this initiative a success.

Since publication of the report *Social Security and Supplemental Security Income Disability Programs: Managing for Today, Planning for Tomorrow*, the Agency has been working to achieve the report's goals. The countless implementation details required for the new disability process that will be prototyped are being developed. Staffs at every organizational level have been busy working on training materials, operational instructions and site readiness issues in preparation for start-up. Ten States, which process 20 percent of the nation's disability applications, will participate in the prototype of the new disability process. The prototype process will begin in October 1999. The planned process incorporates many of the initiatives tested over the past years, including

the elimination of the reconsideration step. The implementation of the prototype will gain the Agency important experience and will be an opportunity to further analyze the improvements to the disability process as we move toward national rollout.

Additionally, we are continuing our rigorous efforts to reach out to the medical community, disability advocates and the public. This involves communicating, listening and engaging in discussions with all who are interested in the programs we administer. We are conducting a number of key training activities and making significant efforts in the areas of processing policy and procedures.

I travel and participate in a number meetings and forums around the country on an ongoing basis. During these visits, I like to meet with local groups to share information and receive feedback on their ideas for ways to improve the disability program. You can contact the Editor of this newsletter to check on my schedule and to discuss possibilities for arranging meetings.

Kenneth D. Nibali

## **DISABILITY PROTOTYPES**

SSA is readying the disability prototypes. This effort focuses on a combination of initiatives that have demonstrated significant promise through testing and piloting over the last few years. These elements are described below, the goal being to provide the claimant with a simpler, clearer, more accurate and timely disability decision.

From a claimant's perspective, the prototype provides an increased opportunity to interact with the disability decisionmaker earlier in the process. The prototype design will provide for better communication, more complete development and improved explanations of how the disability determination was made. A critical component is the opportunity for the claimant to submit further information when evidence in the initial claim is insufficient to make a fully favorable initial determination of disability. Our preliminary testing of this concept has indicated that it will enhance the quality of decisions.

We also plan to streamline the process by eliminating the reconsideration step of appeal. By enhancing and investing our resources with the claimant at the initial application, we believe that more individuals who are deserving of benefits will be allowed at the earliest stage in the process, and that individuals who are not allowed will better understand the reasons we denied their claims. If the claimant wishes to pursue his/her claim, it should then move directly to the hearing level.

The role of the State agency medical and psychological consultants – the medical staff that now work in teams with disability examiners to make determinations in the State agencies – will change in the prototype. They will function as true "consultants" in the disability determination process – providing information and advice to the disability examiner deciding the case. The review of complex disability claims, as well as the training and mentoring of disability examiners, will be their primary areas of responsibility. This will maximize the effectiveness of Agency resources – focusing State agency medical and psychological consultants on duties and responsibilities commensurate with their professional training and experience.

Finally, we believe that the prototypes will improve the hearing process. One of our primary goals is to significantly reduce processing time, from the date the claimant requests a hearing to the final hearing disposition. Necessary actions will occur early in the hearing process. Screening and preliminary contacts, development and expedited review will all be part of a concerted effort to promptly ready the claim for the hearing. The aim is to assure that the claim is fully developed and ready for decisionmaking so that it can be timely heard by the administrative law judge.

The prototype process will be implemented in October 1999, in the following States: New Hampshire, New York (Brooklyn and Albany areas), Pennsylvania, Alabama, Michigan, Louisiana, Missouri, Colorado, California (Los Angeles area), and Alaska. SSA and the State Disability Determination Services (DDS) are excited by the prospect for improvements that the prototypes present.

## **AN AMBITIOUS NATIONAL DISABILITY STUDY INITIATED**

SSA, under the leadership of the Office of Research, Evaluation, and Statistics, is sponsoring the Disability Evaluation Study (DES) – the most ambitious national disability study of the American working-age population (aged 18-69) to occur in many years. Unlike other studies, the DES is specifically tailored to SSA's own stringent disability definition and disability decision process. The DES, a 45-month contract, was awarded to Westat, a research firm in Rockville, MD.

SSA currently pays benefits to more than eight million people with disabling impairments through the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs.

The DES is designed to provide a better understanding of the needs of Americans with disabilities. DES results will inform SSA, Congress, and the general public on many key disability program and policy issues. For example, the DES may have an important supporting role to play in the Work Incentives Improvement Act of 1999 (recently passed by

the Senate 99-0). Core Objectives of the DES are to:

- Estimate and project the size of the potential pool of eligible persons; that is, severely impaired working-age individuals, who, but for work or other reasons, meet SSA's definition of disability.
- Provide a better sense of how some persons with disabilities are able to remain in the workforce and lend support to return-to-work initiatives for individuals on the disability rolls.
- Examine relationships between disability and retirement for older workers.
- Construct self-reported disability measures to be included on major national surveys in order to monitor future changes.
- Evaluate ways to improve SSA's current disability decision process, such as the use of additional objective performance measures.

A pilot study will begin early in the year 2000. The study, which will be limited to eight locations, will test a number of study procedures and methods. The main study, which will be conducted nationwide, will start about a year later in 2001.

The DES is designed to represent the civilian non-institutionalized U.S. population of working-age adults -- not just those with disabilities and not just those who receive disability benefits. Altogether, about 5,500 respondents will complete the main study. They will include about 500 persons who receive disability benefits from SSA; 3,000 who, but for work or other reasons could be eligible for benefits; and 1,500 with impairments who might receive benefits in the near future. For comparison, a group of about 500 people with no, or only minor, disabilities will also be included.

DES respondents will be randomly selected, largely from telephone interviews. A few weeks after selection, respondents will be given an in-person survey interview, medical examination and history, and objective performance tests. Medical examinations will occur in a fully equipped mobile examination center (MEC).

MEC teams, composed of a physician, a nurse practitioner, a radiological technologist and psychiatric social worker, will travel with the MECs and conduct examinations. Altogether, six MECs and MEC teams will travel across the country during the main study. Home examinations will be done for persons unable to leave their homes.

Information will also be obtained from respondents' medical providers and, along with information from the interviews, medical examination and history will be assembled into a disability case folder. These folders, which will be constructed for every person in the DES, will be constructed to match as closely as possible the case folders developed for claimants in the State DDSs. Finally, State and/or Federal DDS personnel will evaluate the case folders and make a simulated disability determination according to current procedures.

Two Technical Advisory Panels (TAP) have been established to provide guidance and expertise throughout the DES. The external TAP consists of experts outside the Federal government, while the internal TAP consists of a wide range of disability experts within the Federal government.

As this study further unfolds, updates will be posted on SSA's web page: [www.ssa.gov/policy](http://www.ssa.gov/policy).

## **THE DISABILITY PROGRAMS AND SOLVENCY**

Earlier this year a seminar titled "Social Security Solvency and Disability Insurance" brought together many disability advocates, scholars and others. The disability program administered by SSA has a role "as insurance against poverty." Its importance was vividly documented: 4.7 million disabled workers, nearly 1.5 million children of disabled workers, about 190,000 spouses of disabled workers and 713,00 adult disabled children.

Some overreaching conclusions of the seminar were the importance of maintaining universality and benefits formulas that reflect workers' earnings. The disability program provides the equivalent of a \$200,000 private disability insurance policy to a worker. Everyone recognized the critical role that the disability

program currently occupies in the lives of disabled workers.

Simultaneously and reaching to a wider audience, the Americans Discuss Social Security (ADSS) project, over the past year-and-a-half, has helped to engage the American public in a national discussion on the future of Social Security. During this period, ADSS conducted public opinion surveys, video teleconferences, citizen forums and forums on college campuses in every State and Puerto Rico. This past June ADSS presented the Commissioner and Congress with its report.

These dialogues fostered many other dialogues and discussions throughout the country. Only through the participation by a knowledgeable public can the process of Social Security reform be reflective of America's wants and needs.

## **DEPARTMENT OF LABOR (DOL) RELEASES OCCUPATIONAL INFORMATION NETWORK PROTOTYPE**

DOL has released its Occupational Information Network 98 (O\*NET 98). O\*NET 98 is a prototype computer software product that has been developed to help Dictionary of Occupational Titles (DOT) users prepare for DOL's transition from the DOT to O\*NET in the 21<sup>st</sup> century.

O\*NET is a comprehensive database system of job characteristics and worker attributes, which is expected to replace the DOT as the nation's primary source of occupational information. The conceptual foundation of O\*NET data is a skills-based structure called the Content Model. The Content Model classifies data into six domains, or "windows" that look into all aspects of the workplace. This information reflects the attributes of occupations (via job-oriented descriptors) and of people (via worker-oriented descriptors).

Jobs are organized into 1122 Occupational Units (OU). Each OU contains a cluster of related occupations grouped under a single category. OUs are based on the Bureau of Labor Statistics' Occupational Employment Statistics classification system. This allows O\*NET to

link directly with employment and wage data produced by the Bureau of Labor Statistics.

Over the next few years, DOL will be collecting data from a statistical sample of workers in target occupations. Data will be collected using standardized questionnaires to survey job incumbents (workers).

DOL has anticipated that, upon completion of their incumbent database, the next version of O\*NET will formally replace the DOT in the 21<sup>st</sup> century. At this time, the prototype version of O\*NET does not provide any advantage over the DOT (or other existing vocational resources). Therefore, SSA's disability adjudicators have been advised that they should not use O\*NET in making disability decisions.

## **PULMONARY FUNCTION STUDIES PAMPHLET**

We have revised the pamphlet "*A Guide to Pulmonary Function Studies Under the Social Security Disability Program*" (SSA Publication No. 64-055). The Pulmonary Function Studies (PFS) pamphlet was originally produced in 1994. The pamphlet contains the guidelines for administering these kinds of tests. We highlight the important technical criteria that need to be followed to be consistent with SSA regulations. This publication is primarily for respiratory therapists and technicians who perform PFS. The publication can be ordered from:

Social Security Administration  
Public Information Distribution Center  
P.O. Box 17743  
Baltimore, MD 21235-6401

## **REGULATION PUBLISHED DELETING OBESITY LISTING FROM THE LISTING OF IMPAIRMENTS**

On August 24, SSA published in the *Federal Register* final rules deleting the listing for obesity from the Listing of Impairments. (The medical listings are used in determining disability under the SSDI and SSI programs.) SSA will continue to consider serious obesity to be a medical impairment that can be the basis for a finding of disability. In deleting the listing

SSA noted that program and adjudicative experience helped to convince the Agency that the former listing was difficult to administer, and subject to misinterpretation.

However, to make clear that it would continue to consider obesity and its effects the agency added guidance about obesity to the prefaces of the musculoskeletal, respiratory, and cardiovascular body system listings. SSA also plans to issue a Social Security Ruling that will provide adjudicators with guidance on how to evaluate individuals who have serious obesity.

Claimants for disability whose impairments would have been evaluated under the obesity listing will now have their claims considered under the other listings or based on their functional limitations, with consideration of the effects of obesity. This change will have no impact on anyone currently on the rolls because the prior obesity listing will continue to apply to them when SSA does continuing disability reviews.

A copy of the *Federal Register* notice is available through SSA's home page, <http://www.ssa.gov>.

## **THE SSI \$30 PAYMENT LIMIT FOR RESIDENTS OF MEDICAL TREATMENT FACILITIES**

The \$30 payment limit for residents of medical treatment facilities is a legislated mandate. Unlike the substantial gainful activity amount, changes to the \$30 payment must be legislated by Congress. It is important to know the guidelines that apply to the \$30 payment limit.

Under the SSI program, individuals who are residents of public institutions throughout a month are generally ineligible for SSI. However, there are several exceptions to that general rule.

The most common exception applies to residents of medical treatment facilities. Medical treatment facilities are institutions (or parts of institutions) that are licensed or otherwise approved to provide inpatient care and services. Residents of medical treatment facilities who meet the requirements for this exception can be

eligible for a reduced Federal SSI benefit of no more than \$30. As with other benefits, States can supplement the \$30 payment.

### **GENERAL REQUIREMENTS**

The \$30 reduced benefit (minus any countable income) is payable when an eligible individual is a resident throughout a month in a public or private medical treatment facility, **and** either of the following applies:

- Medicaid pays over 50 percent of the cost of care for that month; **or**
- For children under age 18, private health insurance (or a combination of Medicaid and private health insurance) pays over 50 percent of the cost of care for that month.

### **ADDITIONAL SITUATIONS WHERE THE \$30 PAYMENT LIMIT APPLIES**

The \$30 payment limit may also apply in the following situations:

- Certain individuals who spend part of a month in a public institution where SSI eligibility would be precluded if they were there throughout a month, and the rest of the month in a medical treatment facility where the \$30 payment limit would apply if they were there throughout a month.
- To certain individuals who are ineligible for Medicaid because they transferred a resource for less than the fair market value.
- To certain severely disabled children who are living at home and who qualify for Medicaid under a State "home care" plan and who otherwise would not be eligible for SSI because of their parents' income or resources.

### **EXCEPTIONS TO THE \$30 PAYMENT LIMIT**

SSI recipients who enter medical treatment facilities may continue to receive benefits based on the full Federal benefit rate (including any State supplement) for several months, if they qualify for either of the following exceptions:

### *Temporary Institutionalization Benefits*

SSI recipients may continue to receive regular SSI payments for any of the first 3 full months in a medical treatment facility, if SSA receives the following information by their 90th day in the facility or by the day they leave the facility, whichever is earlier:

- A physician's certification that the recipient is likely to stay in the facility for no more than 90 days, *and*
- Evidence that the recipient needs to pay some or all of the expenses of maintaining the home or living arrangement to which he or she plans to return.

### *Special Benefits for Institutionalized 1619 Eligible*

Individuals who are eligible for SSI under the work incentive provisions in sections 1619(a) or 1619(b) of the Social Security Act when they enter a medical treatment facility may be eligible for regular SSI payments for the first 2 full months they are in the facility.

Section 1619(a) allows certain recipients to continue to receive SSI payments even though their earnings exceed the substantial gainful activity level. Section 1619(b) allows Medicaid eligibility to continue for certain individuals even when their earnings become too high to allow SSI cash payment.

Both of the exceptions require that no part of the benefits can be paid to the facility, except nominal sums for small comfort items and personal needs (e.g., personal hygiene items, snacks, candy).

### THE NEED TO NOTIFY SSA

SSI recipients need to notify SSA whenever they enter or leave any institution (hospital, nursing home, jail, homeless shelter, etc.). It is important to report these changes as soon as possible. Otherwise, recipients may have to pay back amounts that were not due, or they may not receive additional amounts that are due.

## INTERPRETER SERVICES AT SOCIAL SECURITY

Did you know that SSA provides interpreter services? SSA will provide an interpreter, at no cost to the customer (i.e., claimants and beneficiaries) if the customer requests it or it is evident that such assistance is needed. This policy promotes access to the programs SSA administers and program integrity.

If a customer wants to use his or her own interpreter, the interpreter must meet certain requirements. SSA will not use minors as interpreters in dealing with complex or sensitive matters unless it is clear that they also meet the requirements of a *qualified* interpreter. SSA requires that an interpreter be an individual or vendor who:

- is able to read, write, and demonstrate fluency in the English language;
- is able to read, write, and demonstrate fluency in the foreign language of the customer;
- agrees to comply with SSA's disclosure/confidentiality of information requirements;
- agrees to provide an exact interpretation of the customer's response; i.e., not to assume or infer facts or dates not actually provided by the customer; and
- demonstrates familiarity with basic terminology used in SSA materials/interviews.

If SSA has reason to believe that a customer's interpreter is not qualified, SSA will end an interview and will reschedule the appointment when SSA can provide a qualified interpreter.

SSA's interpreter policy applies in all SSA offices (field offices, teleservice centers, Hearings and Appeals offices) as well as in the State DDSs.

## **MEDICAL POLICY FORUM**

The Medical Policy Forum (MPF) was held in Annapolis, MD, July 13-15, 1999. The MPF is held to exchange information and to discuss the integration of current medical knowledge with SSA's disability program policies. The attendees included doctors and program policy staff from the State DDSs, SSA regional offices, and the Office of Disability (OD), as well as staff from other SSA components.

A main focus of this year's program was a series of medical lectures on various cardiological, neurological, and mental health topics, which were followed by discussion sessions on the program implications of the information presented and other medical policy issues. Dr. Susan Daniels, Deputy Commissioner for Disability and Income Security Programs, updated the group and provided her perspectives on current issues. Ken Nibali, Associate Commissioner for Disability, led a discussion on the disability initiatives currently underway.

For the first time, the MPF was jointly sponsored by the New York State Division of Disability Determinations, and the MPF was designated as a continuing medical education activity, for which Category One, American Medical Association Physician Recognition Award (AMA-PRA) credits could be earned.

## **NATIONAL DISABILITY HEARING OFFICER CONFERENCE**

This conference brought together disability hearing officers (DHO) from throughout the country on June 15-17, 1999, in Annapolis, MD. DHOs have the responsibility for conducting hearings on continuing disability review cases in which the administration is proposing a cessation of benefits.

Some of the conference's key purposes were to secure input on efforts to update the DHO process and more effectively develop a national approach to major DHO issues. There were numerous breakout sessions including refresher training from the faculty of the McGeorge School of Law.

## **NATIONAL OUTREACH: FY2000 MEDICAL CONVENTION SCHEDULE**

Health professionals are a vital part of the disability program. As part of our continuing efforts to educate and foster cooperation and participation of this community in disability programs, the OD conducts outreach at national medical conventions.

Each year our schedule of attendance varies, but we try in the course of time to cover all major national conventions. Our staff is on hand to educate health care professionals, answer questions and provide details regarding employment for physicians, psychologists, and other health care professionals in the disability program.

Following is a list of the medical conventions at which you will find us.

American Academy of Ophthalmology, Orlando, FL, Oct. 24-27, 1999

American Osteopathic Association, San Francisco, CA, Oct. 24-28, 1999

American College of Chest Physicians, Chicago, IL, Nov. 1-3 1999

Southern Medical Association, Dallas, TX, Nov. 11-13, 1999

American Academy of Physical Medicine and Rehabilitation, Washington, DC, Nov. 11-13, 1999

American College of Rheumatology, Boston, MA, Nov. 14-16, 1999

American Speech, Hearing and Language Association, San Francisco, CA, Nov. 18-21, 1999

American Epilepsy Society, Orlando, FL, Dec. 5-7, 1999

Primary Medicine Today—South (Internists), Ft. Lauderdale, FL, Jan. 14-16, 2000

American Academy of Allergy, Asthma and Immunology, San Diego, CA, Mar. 4-7, 2000

American Academy of Orthopedic Surgeons, Orlando, FL, Mar. 15-17, 2000

Digestive Disease Council, San Diego, CA, May 10-13, 2000

American Academy of Pediatrics and American Pediatrics Society, American Pediatrics Association, American Pediatrics Research, Boston, MA, May 13-15, 2000

American Psychiatric Association, Chicago, IL, May 14-17, 2000

National Association on Mental Illness, San Diego, CA, June 15-17, 2000

American Nurses Association, Indianapolis, IN, June 25-27, 2000

American Psychological Association, Washington, DC, Aug. 4-7, 2000

American Academy of Family Physicians, Dallas, TX, Sept. 21-23, 2000

## **OFFICE OF EMPLOYMENT SUPPORT PROGRAMS ACTIVITIES**

We want to congratulate Mr. Ken McGill on his appointment as the first Associate Commissioner of the Office of Employment Support Programs (OESP). Mr. Ken McGill had been acting in the position prior to his appointment

Activities of OESP:

*August 19* - We hosted an interagency seminar on *Entrepreneurs with Disabilities: Challenges and Solutions*. This session is one in a series of seminars SSA is hosting in cooperation with the faculty of the National Academy of Social Insurance. This seminar took place in Washington, DC. The purpose of the seminar was to explore how the Social Security Administration can assist beneficiaries who want to enter or reenter the workforce in self-employment. Panels of consumers, members of advocacy groups and colleagues in the public and private sectors were present.

*September 21* - SSA is cosponsoring a seminar with the National Endowment for the Arts, the Department of Education and the Department of

Health and Human Services to study issues relating to the effects of stipends and art awards on Social Security eligibility and benefits.

The following are events at which Ken McGill, the Associate Commissioner for the Office of Employment Support Programs (OESP), will be speaking and attending:

October 1 - The Florida Governor's Alliance for the Employment of Disabled Citizens/The Able Trust.

October 14 - The national training conference of the National Association of Disability Examiners in Denver, CO

October 28 - The Thirteenth Annual National Disability Management Conference of the Washington Business Group on Health in Washington, DC

November 1 - The International Association of Business, Industry and Rehabilitation in Raleigh, NC

## **SSA'S NEW YORK REGION HOSTS WORK INCENTIVES NETWORK (WIN) CONFERENCE**

At the opening of the conference, Regional Commissioner Beatrice M. Disman stated as one of the primary goals of the conference "to employ persons with disabilities, who are recipients of SSDI and SSI benefits, in order for them to gain economic independence through a partnership with public and private representatives." The conference provided numerous opportunities to achieve this goal.

Breakout sessions were held on developing and using a Plan for Achieving Self-Support (PASS). There were animated discussions on work incentives and a brainstorming session on marketing strategies. Tom Golden of Cornell University's Program for Employment and Disability, Michael Peluso of New York State Client Assistance Program, and Rosemary Lamb of the New York State Office of Advocate for Persons with Disabilities were some of the individuals who helped to make this event a success.



## FROM OUR MAIL

August 4, 1999

Dear Dr. Daniels,

*I am writing you to acknowledge the excellent assistance that I have received while working with the Minneapolis Social Security Office PASS section. I have a deaf son who attends college in the Washington D.C. area. This privilege could not be afforded to him if it were not for the PASS program. In fact I believe that the PASS program is one of the best-kept secrets within the Social Security Administration.*

*Parents of disabled children need to know about this program before their children become adults. My local Social Security Office told me about it after I inquired about my son's eligibility for SSI benefits and was informed that his assets of \$2500 made him ineligible for benefits. I have spoke to several parents of deaf children and none of them ever heard of the PASS program. Several parents informed me that they were told that their child was ineligible for SSI benefits and that was that. What a shame!*

*I have three sons in college. If it were not for the PASS program I guarantee that my deaf son could not afford the \$18,000 a year to attend Gallaudet University. Please acknowledge the support that the Minneapolis Office, especially Ms. Joanie Warmer has provided. I sincerely believe that you need to brag more about the benefits of the PASS program.*

*Sincerely  
Thomas A. Ludka*

## REMINDER

Even though we announced it in our last newsletter, it is worth repeating that the Substantial Gainful Activity amount is now \$700.00 per month for persons with impairments other than statutory blindness. This new amount went into effect July 1, 1999.

## E-MAIL AVAILABLE

*IF YOU ARE INTERESTED IN  
RECEIVING YOUR DISABILITY NOTES*

*ELECTRONICALLY VS. A HARD COPY,  
PLEASE SUBMIT YOUR ELECTRONIC MAIL  
ADDRESS ALONG WITH YOUR STANDARD  
MAILING ADDRESS. SUBMIT  
INFORMATION TO:*

*[Julian.A.Manelli@ssa.gov](mailto:Julian.A.Manelli@ssa.gov)*

## IN SEARCH OF...YOUR IDEAS AND MATERIALS

This newsletter is your newsletter. We welcome your articles, letters to the editor, comments, artwork, or suggestions for improvement. Many of your past suggestions have been implemented. Please submit the ideas or materials to:

### **DISABILITY NOTES**

Social Security Administration  
Office of Disability  
545 Altmeyer Building  
Baltimore, MD 21235

Julian Manelli, Editor  
Telephone (410) 965-9022  
TDD (410) 966-6210  
FAX (410) 965-6503

*DISABILITY NOTES* is available online via Internet:

<http://www.ssa.gov/odhome>

### EDITOR'S NOTE

The Office of Disability at the Social Security Administration publishes *DISABILITY NOTES*. It is distributed free of charge to readers interested in the disability program both within Social Security and in external agencies/organizations. It is intended to be informational and not an official expression of policy. Readers may reproduce all or part of this publication for further dissemination.